

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/05/2018 16:06
Date Of Accident	02/05/2018 09:40
Exact Location Of Accident	CTE EXIT 14 TWDS ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL6371X
Insured/Policyholder	
Name Of Registered Owner	OOI POH THIAM
NRIC No	S1835733Z
Email Address	SERVEYOU5033@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90215688
Alternative Phone No	OTHERS-90215688

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 BLUE EFFICENCY (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA213524/1
Cover Note Number	19/06/2017 - 18/06/2018

Driver

Name of Driver	OOI POH THIAM
NRIC No	S1835733Z
Date Of Birth	15/02/1947
Occupation	INDOOR
Date Of Driving Pass	25/10/1965
Driving Experience	52 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90215688
Fax Number	
Contact Number	OTHERS-90215688
Email Address	SERVEYOU5033@GMAIL.COM

Address	2 JALAN DERUM
Postcode	759415
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT9339S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

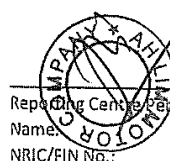
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

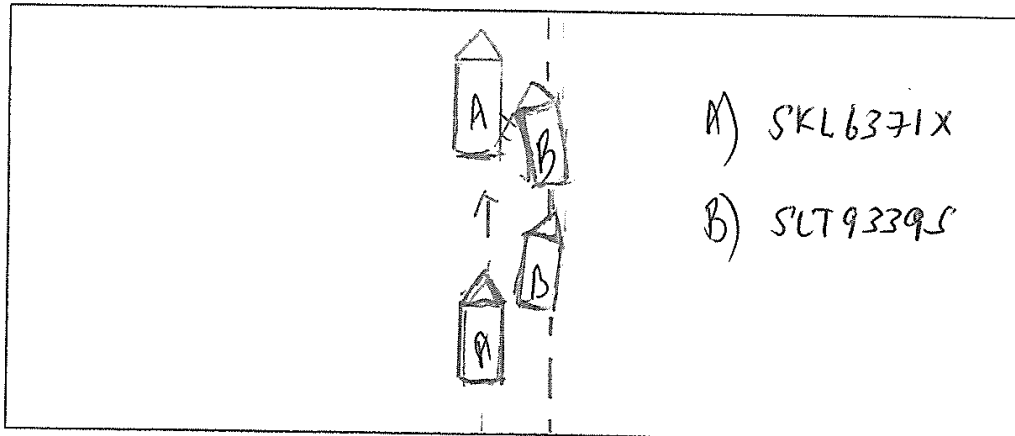
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 2/5/18 Time: 9.40am Location: CTE Exit 14 towards Ang Mo Kio
 My Vehicle A: SKL6371X Vehicle B: SLT9339S Vehicle C: - A&S
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to my accident report statement.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Serve You Motor Service

Email address: serveyou5033@gmail.com

Email address: serveyou5033@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



AH LIM MOTOR COMPANY

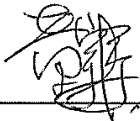
Accident involved: SKL 6371 X (Mercedes Benz E250) / SLT 9339 S (Volkswagen)

Along CTE exit 14 towards Ang Mo Kio Ave 5

On 2.5.18, time 0940

On above date and time, I'm driving my car SKL 6371 X at along CTE exit 14 towards Ang Mo Kio Ave 5 on the extreme left lane. In front of me there is a car SLT 9339 S want to change lane to the right lane, I saw him changing lane and there was enough space for me to overtake him. When I almost complete overtaking SLT 9339 S, suddenly the driver of SLT 9339 S turned back to my lane, as a result, the front left-hand rim of SLT 9339 S contacted onto my car's rear right portion which caused this accident.

Nobody was injured in this accident.



Ooi Poh Thiam

S1835733Z

2.5.18



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

account number
 04169

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	OOI POH THIAM	Certificate number	GA213524 / 1
Cover	Comprehensive	Chassis number	WDD2120472A662812
Plan name	Flexi	Engine number	27186030526267
NCD applicable	50%		
Vehicle registration number	SKL6371X		
Period of Insurance	from 19/06/2017 to 18/06/2018 (both dates inclusive)		
Finance loan company	STANDARD CHARTERED BANK		

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. OOI AI NEE

2. CHIA PEH CHOO

(c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section S of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

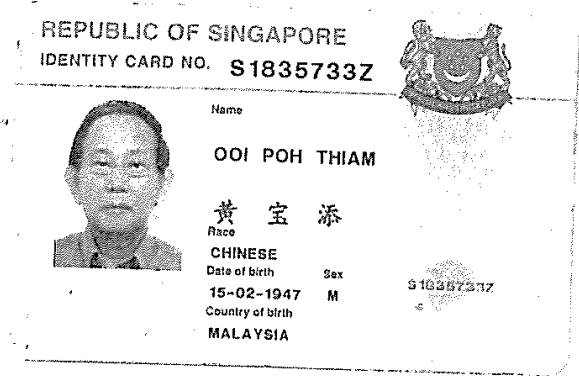
Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

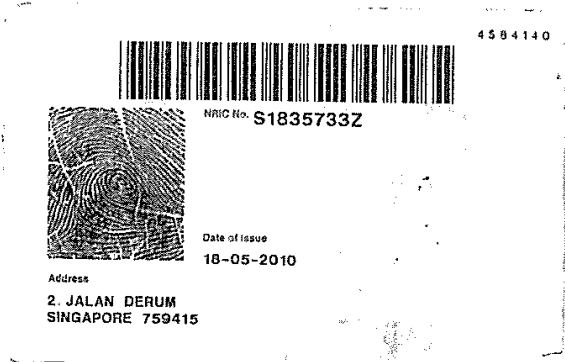
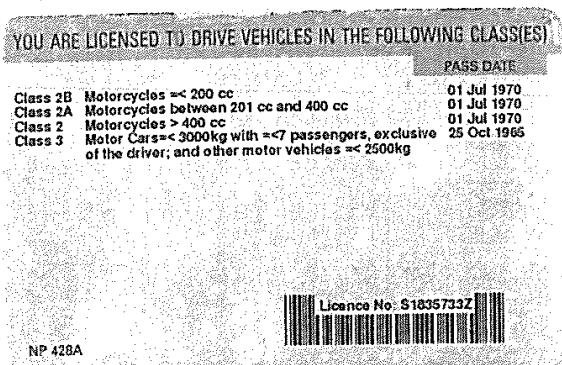
動力企業
HIGH POWER ENTERPRISE
 Blk 150 Bishan Street 11
 #01-137 Singapore 570150
 Tel: 6258 1988 Fax: 6258 7187
 Email: gl@highpower.sg

1 of 3



90215688
OWNER SKL6371X

[Handwritten signature]



Sketch Plan Pg. 6



redefining / insurance

Date: 03/05/18

To: Owner of Vehicle Number: PKL 6377X

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others Claim Third Party @ own workshop.

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



DATE & TIME OF ACCIDENT : 2/5/18 9.40am
 LOCATION : CTE exit 14 towards Ang Mo Kio Ave 5

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: SKL6371X MODEL: Mercedes Benz E230
- 2) INSURANCE CO.: AXA Ins POLICY NO.: GA213524/1
- 3) CLAIM TYPE : OWN DAMAGE (THIRD PARTY) REPORTING ONLY (PLS CIRCLE)
- 4) OWNER & IC : DOI Poh Thiam S18357332 TEL: 90215688
- 5) DRIVER & IC : As above TEL: _____
- 6) DRIVER OCCUPATION : Director EMAIL : Surveyor5033@gmail.com
- 7) RELATIONSHIP WITH OWNER : _____
- 8) DOES DRIVER OWN ANY CAR? YES / NO
- 9) DRIVER'S OWN VEHICLE REG NO.: _____ INS CO.: _____
- 10) WEATHER CONDITION : CLEAR RAINING / OTHERS _____
- 11) ROAD SURFACE : DRY WET / OTHERS _____
- 12) ANY SCENE PHOTOS : YES / NO

THIRD PARTY PARTICULARS

- 1) VEHICLE NO.: SLT9339S MODEL: Volkswagen
 - 2) DRIVER NAME & IC : _____
 - 3) ADDRESS : _____
 - 4) CONTACT NO.: _____ INS CO: _____
-
- 1) VEHICLE NO.: _____ MODEL: _____
 - 2) DRIVER NAME & IC : _____
 - 3) ADDRESS : _____
 - 4) CONTACT NO.: _____ INS CO: _____

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) – IF YES, PLS PROVIDE AS BELOW :-
- 2) NAME & NRIC : _____ TEL: _____
- 3) RELATIONSHIP WITH INVOLVED PARTIES : _____

OTHERS

- 1) ANY INJURIES (YES / NO)
- 2) WAS ACCIDENT REPORTED TO POLICE (YES / NO) – IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES / NO) – IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES / NO).



NO camera.
18/18.

DRIVER'S SIGNATURE & DATE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MALM18057886 Vehicle Registration No: SKL6371X
Name (as shown in NRIC) : Ooi Poh Thiam NRIC/FIN/Passport No : S1835733Z
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : 2 Jalan Derum Singapore (759415)
Contact (Tel) : 90215688 Mobile No. : _____
Email Address : Serveyou5023@gmail.com
Date of Accident : 2/5/2018 Time of Accident : 0940
Place of Accident : CTE Exit 14 TWDS ANG MO KIO AVE 5
Insurance Company: AXA insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

from third party claim to own damage (OD) claim

[Signature]
Policyholder / Driver's Signature
Date: 7/5/18

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 07/05/18